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WILLIAM J. PALATUCCI Special Counsel

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July 1, 2015

BY HAND DELIVERY

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: FEC Form 1 for Chris Christie For President, Inc.

Dear Sir/Madam:

Please find enclosed for filing FEC Form 1, Statement of Organization, for Chris Christie For President, Inc. Should you have any questions regarding the filing, please contact me.

Respectfully submitted,

William J. Palatucci Special Counsel

WJP Enclosure

cc: Mr. Ronald Gravino, Treasurer

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FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	ORGANIZATION			Office Use Only		
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Onice Gas Grily		
Chris Christ	ie for President Inc		<u> </u>			
						
ADDRESS (number and	street) PO Box 225	<u> </u>	<u> </u>			
(Check if address is changed)	Colonia		NJ 97	7067 0225		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL (Check if ac is changed)	ADDRESS (Please provide only one [ron@rongra)		<u> </u>			
COMMITTEE'S WEB P (Check if ad is changed)	www.chrisch	ristie.com	1 1 1 1 1 1			
2. DATE Ö 7 [™]	′ 1 ° ′ 2015 °					
3. FEC IDENTIFICA	TION NUMBER C					
4. IS THIS STATEME	NEW (N) OR	AMENDED (A)			
I certify that I have exa	nmined this Statement and to the be	st of my knowledge and belie	ef it is true, correct a	nd complete.		
Type or Print Name of	Treasurer Ronald Grav	/ino				
Signature of Treasurer	Romer Gran	<u></u>	Date 07	01° 2015		
NOTE: Submission of fall	se, erroneous, or incomplete information	n may subject the person signin		e penalties of 2 U.S.C. §437g.		
Office Use		For further information Federal Election Communication Tall From 800 424 0530	nission	FEC FORM 1		

	F	FEC For	m 1 (Revised 02/2009)	Page 2
5.	TYPE	E OF C	ОММІТТЕЕ	
	Candidate Committee:			
	(a)	\boxtimes	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
	Name Cand		Christopher J. Christie	<u> </u>
	Cand Party	lidate Affiliatio	on Rep Office Sought: House Senate President	State Bistrict
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cand			
	Part	y Com	mittee:	
	(d)		· · · · · · · · · · · · · · · · · · ·	Pemocratic, epublican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
	(6)			-
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	t Fund	raising Representative:	
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Comi	mittees Participating in Joint Fundraiser	
				- ₁ m - 1 - 1 - 1
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		2.	FEC ID number C	one de la companya d La companya de la co
		3.	FEC ID number C	\$K
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Write or Type Committee Na	ame	
Chris Christie	for President Inc.	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	- N O N E -	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the perso	in in possession of committee
Full Name	Gravino	
Mailing Address	PO Box 225	
	Colonia NJ (07067
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [732]	
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	d the name and address of
Full Name of Treasurer	ald Gravino	
Mailing Address	PO Box 225	
	Colonia NJ L	07067
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [732]	_ 248 _ 4178 , .

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Full Name of Designated Agent	ι <mark>R</mark> oþiņ	Danley	<u> </u>	
Mailing Address		Po Box 225	<u> </u>	
		Colonia city	NJ STATE	07067 ZIP CODE
Title or Position Assistant T	reasurei	Telephone nu	mber 73	2, [248, [417,8, _]
Banks or Other safety deposit bo Name of Bank, I	xes or mair		ttee deposits	funds, holds accounts, rents
	TD Ba	ıņk,	1 1 1 1 1	
Mailing Address		[1398]US,Hjgḥway 9	<u> </u>	·
				
		[Old Bridge	[NJ]	08857
		CITY	STATE	ZIP CODE
Name of Bank, [Depository, o	etc.		
			1 1 1 1 1	
Mailing Address				
			<u> </u>	
		CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify):	•
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	7/1/15
PREPARER	DATE PREPARED
(3/2015)	